

# Chapter 29

## FAMILY READINESS

ADAM K. SAPERSTEIN, MD\*<sup>†</sup>; TERESA COMBS, PhD<sup>†</sup>; RYAN LANDOLL, PhD<sup>†</sup>; AND REGINA P. OWEN, DNP<sup>§</sup>

---

### INTRODUCTION

#### DEFINITIONS

- Family
- Family Readiness
- Family Resilience

#### COMMON STRESSORS THAT INFLUENCE FAMILY READINESS

- Geographic Separation
- Permanent Change of Station Moves
- Role Conflict
- Career Obstacles
- Families with Dual or Single Military Parents

#### IMPACT ON MILITARY CHILDREN

- Young Children
- Adolescent Children
- Children With Special Needs

#### STRATEGIES FOR ENHANCING FAMILY READINESS

- Preventive Strategies
- Reactive Strategies

#### FAMILY READINESS—THE ROLE OF THE MILITARY MEDICAL OFFICER

- Direct Support for Military Families
- Coordinating Care
- Educating Military Unit Leadership

#### FAMILY READINESS RESOURCES

#### SUMMARY

\*Commander, Medical Corps, US Navy; Associate Professor, Department of Family Medicine, Uniformed Services University of the Health Sciences, Bethesda, Maryland

<sup>†</sup>Assistant Professor, Daniel K. Inouye Graduate School of Nursing, Uniformed Services University of the Health Sciences, Bethesda, Maryland

<sup>‡</sup>Major, United States Air Force, Biomedical Sciences Corps and Assistant Professor, Department of Family Medicine, Uniformed Services University of the Health Sciences, Bethesda, Maryland

<sup>§</sup>Major, United States Air Force, Medical Corps and Mental Health Clinic OIC, 436 MDG/Dover Air Force Base, Delaware

## INTRODUCTION

Consider the phrase “military family.” What does this mean to you? Create a mental image—the people in the family, their ages, genders, where they live, what they do, etc. Now imagine that a service member in that family is about to deploy for 12 months and one or more members of the family has come to you for advice on how to cope with this deployment. What resources would you offer? How would you counsel this family? In what ways would you wish you had counseled them well before they learned of

the deployment? Do you have preconceived notions that affect your answers? Assisting families to prepare for challenges is an important role for military healthcare providers. Working to gain that skill is the most important first step in building competence and confidence. This chapter defines family and family readiness, identifies common stressors that can erode family readiness, and shares strategies and resources that are likely to help families improve resilience.

## DEFINITIONS

### Family

The definition of family has changed in a variety of ways over time.<sup>1,2</sup> Consequently, the discussion of the topic of family readiness is inherently tied to a consideration and awareness of these varied definitions. Without such an analysis, any effort to provide comprehensive care for military families, including supporting family readiness, would be fruitless.

In the United States in 1950, the word “family” would most often refer to a husband, wife, and their children. The use of such a limited definition was based on many factors, including cultural norms and the assumptions and biases of the individual who elected to use it. This brings up a critical point—the only way to understand what someone else means when they say family (or anything else for that matter) is to ask. The greatest two tools a provider has are questions and engaged listening. Helpful questions to keep in mind include, “Who makes up your family?” or “Who is in your family?” These questions are effective because they are open ended and specific, a combination that allows patients to help healthcare providers understand them and their needs. By contrast, a question such as, “Who lives at home with you?” is open-ended but does not specifically ask about a patient’s definition of family. A closed-ended question such as, “How is your wife doing?” is specific but makes assumptions about the marital status of a patient and the gender of a patient’s spouse, both of which may impede providers’ ability to develop rapport, limiting a patient’s opportunity to help providers better understand their situation.

When working to learn about someone’s family, consider the following guidance.

#### Do:

- Ask open-ended questions about who is in their family.
- Keep an open mind because the patient’s fam-

ily may include people (and even pets) that you had not previously considered as being part of a family.

- Be aware of and account for personal biases and assumptions about what constitutes a family.
- Ask about a patient’s sense of safety (physical as well as emotional) in the context of their family.

#### Don’t:

- Ask leading questions such as, “Things are going well at home, right?”
- Assume you understand the relationship between the patient and members of their family.
- Assume that the patient’s outward appearance (affect) correlates to their internal feelings (mood) when talking about their family.

Following these recommendations will allow medical officers to provide compassionate and comprehensive care that is tailored to the unique needs of the patient.

### Family Readiness

Military units were once considered to include only the military members of that unit. Over the past decades, the concept of a military unit has changed and now includes the military members *and* their families.<sup>3</sup> This change is a result of the recognition that family factors can have a significant impact on a unit’s ability to achieve its mission and the well-being of the military as an enterprise.<sup>4</sup> Consequently, helping families to better cope with the stressors of military life is important for any military unit.

Each of the military services recognizes family readiness as an important goal. It is defined by the

Department of Defense as “the state of being prepared to effectively navigate the challenges of daily living experienced in the unique context of military service, to include: mobility and financial readiness, mobilization and deployment readiness, and personal and family life readiness.”<sup>4</sup> Some challenges are unique to military family life (eg, deployments and permanent changes of duty station) and others are not (eg, having family members with special needs or living remotely from one’s extended family). All have the potential to impact the family, the service member, and the military service. Whether or not the challenges faced by a family are military unique, military healthcare providers play an active role in helping enhance that family’s readiness. At the core of this endeavor is the concept of family resilience.

### Family Resilience

Family resilience comprises the ability to withstand and rebound from disruptive life challenges and relies on positive adaptation within the context of substantial adversity.<sup>5</sup> Although resilience was initially viewed as an innate trait, subsequent research has demonstrated this to be incorrect.<sup>6</sup> Resilience is now viewed as a function of the interplay between multiple risk factors and protective processes over time.<sup>7</sup> The following vignette illustrates this concept.

*A family composed of a husband, wife, and three children ages 11, 7, and 2 are stationed in rural North Carolina. The mother, an active duty service member, deployed to a war zone where she stepped on an improvised explosive device and lost most of her right lower leg. She was medically evacuated to Maryland, where her injuries required a below-the-knee amputation. Her family moved to be with her in Maryland. The two oldest children were enrolled in a new school and the 2-year-old was placed in daycare on base. The husband spends most of each day helping his wife with her recovery while also trying to rent the house in North Carolina, tend to his elderly parents in Alaska, and manage the family’s finances.*

It is easy to identify multiple risk factors that could degrade this family’s resilience, including the following:

- decreased time the service member spent with the family during pre-deployment,
- training in the months and weeks preceding deployment,
- geographical separation of the family’s active duty service member,
- a period of single parenthood during the deployment,

- geographic separation from extended family with healthcare needs,
- financial challenges,
- changes in school,
- loss of friendship support networks,
- possible loss of primary means of income if the service member is separated from the service,
- possible loss in income if the husband was employed before moving to Maryland,
- potential change in self-perception of all members of the family, and
- uncertainty concerning the current situation.

Just as understanding the factors that could impact a family’s resilience in the midst of a crisis is important in order to care for them, so too is understanding a family’s past experiences coping with stressors. To do this requires:

- identifying the stressors they have faced in the past,
- learning how they coped with these stressors,
- understanding how they perceive their experience coping with these stressors,
- determining what support they received and whether that support was helpful,
- inquiring about how members of the family interacted with each other during these times, and
- identifying whether coping with these stressors heightened their sense of vulnerability or enhanced their resilience and family readiness.

In the example above, the family is in the midst of a crisis. Ideally, families have the requisite support and skills to build resilience and avert such crises before they develop. The strategies used to achieve this outcome are called “preventive strategies.” Given that not all crises can be averted, we also need strategies that help families cope in the midst of a crisis. These are called “reactive strategies.” In this context, answers to the following questions are likely to help you best care for families and enhance their resilience and readiness:

- What are the common factors that affect military family readiness?
- What are the “preventive strategies” known to enhance readiness before a crisis?
- What are the “reactive strategies” known to be effective in the midst of a crisis?
- What is the role of the military healthcare provider in implementing these strategies?

## COMMON STRESSORS THAT INFLUENCE FAMILY READINESS

Military families are faced with a host of stressors that can challenge the stability and fluidity of the family structure; affect the family's function and dynamic; create disruptions in the family unit; and potentially compromise the family as a whole. Over time, these stressors can begin to exert a significant toll on the well-being of each family member and the relationships within a military family.

The Holmes and Rahe Social Readjustment Rating Scale for adults<sup>8</sup> and the Coddington Life Change Unit Value Scale for Children<sup>9</sup> serve as helpful references for identifying and understanding stressors. Each identifies life events that are associated with significant stress (eg, death of a family member, marriage, or change in financial state), ranked from most to least stressful. While the order of stressfulness of these events will vary from person to person, having background knowledge about factors that more commonly impact stress, resilience, and readiness can facilitate military healthcare providers' attunement to the needs of the individual patients and the community they serve. Among the stressors included in these scales, the following are unique to and/or more commonly encountered in military families as compared with their civilian counterparts.

### Geographic Separation

Military families may be geographically separated for a variety of reasons. Some of the most common are the following<sup>10</sup>:

- deployment of the active duty service member;
- assignment of the active duty service member to a location where, for a variety of reasons (including the medical needs of a family member), the rest of the family cannot go; or
- a family decision to remain in place when the active duty service member is assigned to a new duty station (including marital separations or divorce).

This geographic separation, especially when prolonged, has a negative impact on family homeostasis, is associated with an increase in marital discord, and is associated with an increase in anxiety in both the service member and the family.<sup>11</sup> Common sources of anxiety for spouses and children include fear that their loved one may not return; fear that their loved one may return with physical and/or mental injuries; worry about an inability to cope in the absence of

the service member; and fear that relationships and intimacy will be negatively impacted by the lack of proximity, among others.<sup>12</sup> Among service members who are geographically separated from their family, common sources of anxiety include worry about missing important milestones in their children's and spouses' life and guilt that they have left a heavy burden on their spouse.<sup>12</sup>

When a service member leaves their family for a prolonged period of time, and when they return, family dynamics adjust to that change. Both of these events create stress. While filling the void left by departure of the service member is often assumed to be a negative event and their return a positive one, there are a number of scenarios in which this may not be the case. First, the service member's interaction with one or more members of the family may be stress-inducing, and their departure may be seen as a positive. Second, the stress of the service member's geographic separation may result in family member roles and responsibilities being more thoughtfully considered than in the past, resulting in a new family dynamic that members appreciate. Third, family members who are a part of the intentional development of this new dynamic may feel more satisfied due to their participation in its development. Fourth, family members' new roles often involve greater responsibility and autonomy, enhancing their sense of motivation and satisfaction.<sup>13</sup>

Family members' appreciation of the new family dynamic may be misinterpreted to be a lack of appreciation for the returning service member. For those service members who deployed and view themselves as returning heroes, feeling more appreciated by strangers than by family members can be especially painful. Helping all members of the family understand common challenges during reintegration, and working with them to develop effective coping strategies, requires a thoughtful and intentional approach. One helpful resource with an excellent section on reintegration is the Military One Source deployment page (<http://www.militaryonesource.mil/deployment>).<sup>14</sup>

### Permanent Change of Station Moves

On average, military members move every 2 to 3 years.<sup>10,15</sup> These moves are usually to a different state, and sometimes to a different country. Moves by civilian families are (on average) less than 20 times as common<sup>16</sup> and are less likely to be followed by subsequent moves in the ensuing years.

In addition to the increased frequency of moves, military families have far less control over a number of factors related to the move, including the location to which they move, the timing of that move, and the frequency of subsequent moves. Moves are often to locations where the family has not previously lived and where the military member, their spouse, and their children lack social connections.<sup>17</sup> Moves can occur in the middle of the school year, which can be particularly challenging for school-age children because it adds another transition with which they must cope. Curriculum misalignment between their old and new schools can also cause stress because children may be behind (and overwhelmed) or ahead (and bored) when starting in the new school.<sup>17</sup> These factors may in part explain why military families opt to homeschool their children twice as frequently as their civilian counterparts.<sup>18</sup>

Subsequent moves can occur just 1 year after arrival, bringing into focus the fallacy of the use of the word “permanent” in the term “permanent change of station.” In addition, moves rarely bring a family back to a previous duty station, and even when they do, the community at that duty station has typically changed markedly due to other families’ moves. Another significant difference between civilian and military family moves is that military families are responsible for completing myriad mandated checklists before, during, and after relocation.

Frequent permanent change of station moves typically have economic implications beyond the simple costs of the move. While many moving costs are borne by the military service, some are not. These costs may include: new items that cannot be shipped from one’s prior location (eg, household items, food, liquids in open containers), new clothes based on differences in climate, selling vehicles at one’s old duty station and purchasing new vehicles at the new duty station, and loss of money from one’s security deposit if renting, among others. In addition, loss of income earned by civilian family members can be substantial. Perhaps the biggest economic issue related to a permanent change of station move is that of home ownership. While there are some good reasons to consider purchasing a home, military members and their families face a significant disincentive to build equity in the housing market. This disincentive stems from many factors, including lack of control over the timing of a subsequent move and the potential need to sell the house at an inopportune time; the potential need to rent the house at a loss; and perhaps most significantly, the potential loss of a security clearance as a result of an inability to pay one’s debts (including a mortgage). Many military families choose to buy homes and benefit economically

from that decision, but the uncertainty of that outcome causes it to remain a significant stressor for military families, even when the outcome is a good one.

The stress caused by permanent change of station moves can negatively affect family members and result in physical, social, and psychological disturbances including depression, headaches, and an increased incidence of allergic rhinitis and heart disease.<sup>19,20</sup> The stress of a move, as well as the discordant ways in which individual family members may cope, sometimes contributes to interpersonal conflict resulting in frequent arguments and family rancor. Children are impacted as well, and respond to the way their parents talk about and react to the move.

Sadly, even when such symptoms are recognized, there are a number of potential barriers to family members’ getting needed medical attention. These hurdles may include:

- Transportation. The family may only have one vehicle with them on arrival to their new duty station, which the active duty member uses to get to work, causing difficulty in getting to appointments.
- In-processing. There may be a perception of pressure from the command to prioritize administrative check-in responsibilities before seeking healthcare.
- Mental health stigma. Family members may feel uncomfortable about seeking care for mental health concerns.
- Medical providers. It may take some time to find a new primary care manager and establish new relationships with healthcare providers.

The last issue can be particularly stressful for those with complex and chronic health conditions, including children with special needs, for whom continuity of care and timely access to care can be particularly important.

### Role Conflict

American views on roles in families are changing. Traditional views of family included a presumption that the husband served as “breadwinner” and the wife as “homemaker.” More modern views recognize diversity in family composition and respect the value of shared roles and egalitarianism.<sup>21</sup> In a military family context, military members and their spouses may be in situations in which their actual role is not well aligned with the role they believe is their responsibility. This conflict is often related to one’s

perceived gender role and can cause internal turmoil and degrade resilience.

Men comprise approximately 8% of the total number of military spouses,<sup>22</sup> a 3.5-fold increase over the past 30 years.<sup>22,23</sup> Consequently, there has been a significant increase in the number of stay-at-home husbands and fathers, consistent with the national trend.<sup>15</sup> For a male stay-at-home military spouse with traditional attitudes about gender roles, not being the breadwinner can be difficult. This may be more problematic when living in a military community in which there are relatively few stay-at-home fathers. In addition to the social stigma against the idea of a stay-at-home father, most military spouse support organizations were designed for supporting the needs of women.<sup>22</sup>

It may be equally challenging for female military spouses who have modern views about their role to cope with not being a breadwinner for the family. This can be exacerbated when living within a larger military community that they perceive to have traditional views of gender roles.

The stress associated with incongruity between one's perceived gender role and one's actual role is not limited to military spouses. Service members, regardless of sex, also must cope with these challenges, including a potential sense of guilt for not playing a more active role in the care of children.

### Career Obstacles

Military spouse employment is a unique stressor that can cause a ripple effect within the family system. For the employed spouse, geographic moves result in their transferring within the same company (if possible) or quitting their job and seeking new employment. This can be far more difficult than it might seem. First, moves are based on the needs of the military and may place the military spouse in a location where their skill set is not in demand. Second, even if their skill set is in demand, competition for open jobs can limit employment opportunities and result in spouses accepting positions at a lower level than the one they left, impeding their career progression.<sup>24</sup> Third, even when offered a new job, the military family with children must find a childcare facility with openings, and the military spouse may have to wait for an opening for a new job. Even when a new job is identified, the military spouse may discover that the cost of childcare at their new location is greater than their income. Due to these and other factors, military spouses are employed less frequently, have lower income, and work fewer hours when compared with their civilian counterparts with similar education levels.<sup>24-26</sup> This can be quite frus-

trating and negatively impact individual and family resilience and readiness.

Young military families are particularly susceptible to anxiety and stress related to spouse career obstacles. The junior military member's income may be inadequate to ensure family financial stability. As a result, dual incomes are often necessary. As noted above, frequent relocations make continuity of employment and career progression difficult.<sup>27</sup> In addition, completing a college degree (something strongly associated with economic success<sup>28</sup>) can be quite challenging. Although online college programs have made it easier for those who move frequently to complete their degree, spouses who attended brick-and-mortar universities may struggle to find a college or university that accepts the previous credits attained.

Even those with advanced degrees face challenges. First, there may be a limited number of job opportunities in the vicinity of one's new duty station. Second, spouses whose professional practice requires state licensure (such as social workers, doctors, nurses, lawyers, and teachers) may find that the governing regulations and professional requirements of the state or country to which they have moved require additional certifications. These additional requirements, in addition to administrative hurdles and costs, may delay a military spouse's ability to gain employment in their new location.

All of these barriers to spouse career development can impact the family as a unit. This may negatively impact the service member's job performance and career progression, creating an additional hurdle to families trying to develop financial stability. In addition, it is likely to result in decreased family resilience and readiness; decreased sense of self-worth on the part of the spouse<sup>29</sup>; and increased levels of anxiety in all family members. The issue may contribute to a decision to separate from military service prior to the attainment of military retirement benefits.<sup>25</sup>

### Families with Dual or Single Military Parents

Families with dual military parents face unique challenges. These can include:

- the need to rely on outside agencies for child care and transportation;
- the possibility of both parents being geographically separated from the family, occasionally at the same time;
- the possibility of parents receiving assignments at different locations, thus forcing a separation of the family unit; and
- conflict that can arise in situations where a de-

sire for career progression comes into conflict with the needs of the family, one's partner, or a desire to keep the family unit together.

In the face of these challenges, families typically seek to develop and sustain support structures to buoy them in times of need, but developing such a structure, especially when living a nomadic life, requires effort. Grandparents or other extended family members serve as a potential source for such support, but can face challenges in accessing military services on behalf of the family, particularly if serving as alternative caregivers while parents are deployed.<sup>30</sup> Additionally, frequent relocations can make it difficult for military families to develop and maintain close relationships, which can exacerbate feelings of isolation. Fortunately, fellow military families tend to have an understanding of these challenges and support one another. However, when living in a predominately civilian community, where a military family can be perceived as transient,

finding such support can be more challenging.

Families with a single military parent face challenges of their own. One of these is the need to balance childcare responsibilities with a responsibility to the military organization.<sup>31</sup> These two responsibilities are inherently intermeshed. Focusing on work responsibilities usually leads to career progression, which improves the ability to care (economically) for children, and may also offer the opportunity to assume positions with greater work hour flexibility. At the same time, having a sense that one's children are well cared for allows one to focus more effectively at work. Another challenge is coordinating childcare and transportation, including finding care options that are conveniently located and affordable on a single income.<sup>32</sup> Deployments can place extreme hardship on families with a single military parent even if extended family members are available and willing to provide relief.<sup>33,34</sup> These hardships can impact both parents' and children's well-being before, during, and after the deployment.

## IMPACT ON MILITARY CHILDREN

Children are inherently affected by the realities of military family life. Relocations, deployments, and other factors create stressors that civilian families rarely, if ever, experience. Among the cohort of military children, young children, adolescents, and children with special needs are three subsets that may be especially impacted by the stressors of military life.

### Young Children

Children under 6 years old are especially vulnerable when it comes to geographic separation. Young children are often confused about the cause of their parent's absence and where they have gone; have challenges with trust; and often have an increase in cognitive, mood, and behavioral problems.<sup>34</sup> On return of the absent parent, young children often demonstrate increased attachment behaviors, developmental regression, and other distressed behavior.<sup>35</sup> With deployment, young children often fear for their parent's safety. Although they may not fully understand the risks of deployment, the ubiquitous, sensationalized media coverage of today's military conflicts can exacerbate this sense of fear.

### Adolescent Children

For adolescents, geographic separation and relocation are both major stressors. Adolescents, as compared with younger children, have a greater awareness of the risks posed when their parent is deployed, and less

comfort sharing fears related to this awareness. This dichotomy can lead to feelings of loss, depression, anxiety, and thoughts of suicide.<sup>36,37</sup> Adolescents may have both concern for their deployed parents and a sense of increased responsibility for family members.<sup>37</sup> Relocation can be especially stressful for adolescents because they are in a period of intense identity formation, which can be disrupted by geographic moves. Consequently, adolescents who have experienced a geographic move in the past year have a higher incidence of hyperactivity, mental illness, mood lability, substance use concerns, suicidality, and poor academic performance.<sup>19,38</sup> While this highlights the many short-term challenges faced by adolescents in military families who move, studies demonstrate that multiple moves over time, especially when military families are given the resources to support these moves, may promote resilience and not undermine development.<sup>38</sup>

### Children with Special Needs

Children with special needs may have particular difficulty with the frequent transitions that occur in military families. Consequently, some families elect to stay in one location while the military member takes orders to another location, trading the positives of geographic stability of the non-military spouse and children for the negatives of geographic separation. Those families who move with their military service member must ensure that the new duty station will be able to meet the needs of their

child with special needs. The Exceptional Family Member Program (<http://efmp.amedd.army.mil>)<sup>39</sup> is a critical program designed to ensure that family members are stationed in locations where their special needs can be met.

Even when relocating to a location where their family member's special needs can be met, families face a number of challenges. First, many family members

with special needs have a more difficult time adapting to a new environment. Second, there may be a delay between arrival and initiation of special needs services. Even when those services are initiated, they may be different from those received in the past due to differences in programs and services from state to state. These setbacks can be harmful to the child and create additional stressors for the family.<sup>40</sup>

## STRATEGIES FOR ENHANCING FAMILY READINESS

When considering various strategies to help families enhance their readiness, it is important to recognize that there is no "one size fits all" approach. What works for one person in a given situation may or may not work for another person in a similar situation, even if those two people are in the same family. The reason is that each individual has their perspective, borne out of their own personal context, defined as the interwoven fabric of one's unique and diverse life experiences.<sup>41</sup>

The fact that one approach may not work for everyone in a given family can be frustrating, both for the healthcare provider and for family members. The common belief that the family member is not "trying hard enough" if they do not respond well to a strategy that works for others in the family is erroneous. This can compound the distress that patients experience. In addition to being faced with a significant life stressor, they also receive the message that they are not putting forth the effort needed to overcome it. This may cause feelings of worthlessness and shame in addition to what they may already be feeling, most commonly feelings of sadness and being overwhelmed. Explaining to members of a family that each individual copes in their own way and at their own pace normalizes this reality, can facilitate mutual support, and can enhance family readiness.

One way to organize approaches to enhancing family readiness is to divide them into preventive strategies (those that enhance family readiness in advance of a stressor) and reactive strategies (those that enhance family readiness in the face of a stressor).

### Preventive Strategies

#### *Facilitating Dialogue*

In most cases, the best preventive strategy is to encourage family members to openly talk about anticipated challenges. As a military healthcare provider, starting with open-ended questions that ask about perceived family roles may help identify incongruence between individual family members' perceptions and help identify anticipated difficulties.

Often, family members will be hesitant to discuss upcoming stressors, for several reasons. One is the simple fact that these conversations can be difficult and uncomfortable. Another is the potential concern of parents who may feel that talking about a stressor in advance will only increase the anxiety of their children about that stressor. These challenges are further complicated by the fact that for military families, some stressors (such as geographic separation) may be unanticipated. These situations can be highly variable and leave little time to proactively plan informed family discussions.

Understanding family members' reticence to discuss anticipated or upcoming stressors is an important first step toward encouraging positive prevention efforts. Consequently, healthcare providers may need to prompt this discussion, rather than assuming that family members will proactively have conversations with one another in advance. Helping to normalize the discomfort and emphasize the importance of these conversations is key. Additionally, providing developmentally appropriate language for all family members is usually very helpful and may allay anxieties. For example, explaining a deployment using phrases like "mommy's going to war" or "dad's got to fight for the country" can be especially anxiety provoking. Instead, an "ask-clarify-ask-answer" approach is recommended in the following four steps:

1. Ask what the family members understand about the upcoming stressor.
2. Clarify their thoughts and concerns about this stressor, using age-appropriate language.
3. Ask what questions they have about this stressor.
4. Answer those questions, again using age-appropriate language.

#### *Managing Uncertainty*

Handling uncertainty can also be difficult. Parents may be hesitant to discuss with children a potential move or deployment that may be canceled or



changed, sometimes with unexpected time frame shifts. These are regular occurrences in a military community. For example, one family in which the father deployed and who had two young children, decided to create a paper chain that they hung around their living room. Each link in the chain represented one day that their father would be gone and each day they removed one link. One week before the anticipated end of the deployment, the father learned his deployment was being extended by 2 months. The children were devastated. The concept was a noble one—trying to help the children to make sense of the situation and have a better understanding that the deployment was not indefinite. Unfortunately, the discordance between expectations and reality in such a situation can easily push a family into a crisis. How can providers help parents find a balance between offering reassurance without making promises that they may not be able to keep? Some approaches include:

- Tell children the season, rather than specific dates the parent may return.
- Find an object of consistency—something that always moves with them from house to house, or an object that a parent and child can both share while being geographically separated.
- Find a positive activity to look forward to as a family. Be careful to validate negative emotions and provide opportunity for family members to share concerns. Additionally, it is important to remain sensitive to the uncertainty that may be associated with the anticipated stressor. Identifying smaller but positive activities to engage in and look forward to (eg, writing letters, video chats, and one-on-one time with the parent at home), as opposed to bigger activities may be more effective.

### *Expectation Management*

Frustration within families often arises when there is incongruity between family members' perceptions of the roles each family member plays and family members' perceptions of how static or flexible those roles should be. For children and adults alike, divergent views of the roles of family members can be disorienting, especially in the context of geographic moves and geographic separation. As a military healthcare provider, the goal of facilitating a discussion about roles and role flexibility is not to encourage members to conform to a single view, but to help them understand others' perspectives.

In addition, it may be helpful to explain to patients that while consistency in roles can be reassuring, the ability to adapt to change through flexible family roles is often positively adaptive. For example, an adolescent who takes on additional responsibilities during a deployment may initially feel challenged by the need to adapt to a new role, but will often develop pride in their contributions and greater self confidence that helps them adapt to challenges in the future. When the deployed service member returns, however, their adolescent may be conflicted between being happy about their reunion, while struggling with frustration regarding reduction in autonomy and a decreased sense of contribution. Consciously acknowledging this as family is important. Having parents highlight the positive qualities developed and additional responsibilities demonstrated, while also acknowledging the loss of this expanded role, can go a long way to normalizing and mitigating the challenges of this adjustment period.

Military healthcare providers should have discussions about family and family roles at a time when families are not in crisis. This offers a great opportunity for the family to anticipate how various stressors may affect each of them. Perhaps most importantly it allows each of them to manage their expectations, thus decreasing stress and enhancing resilience. These same strategies can be very helpful during times of service member reintegration. In addition, the following tips for facilitating reintegration may be helpful:

- Have discussions without distractions (television, phones, etc).
- Engage in closed-loop communication—state what you understand others to be saying to ensure mutual understanding and demonstrate respect.
- Set aside dedicated one-on-one time with each member of the family.

Younger children may regress or display behaviors that are developmentally less mature than normal for them in an attempt to cope with challenges. Understanding this behavior as normal can allow a family to respond affirmatively rather than critically. However, given that military challenges such as deployment have been associated with mental health difficulties and developmental delays in children,<sup>42</sup> it is important for healthcare providers to routinely assess and be aware of these risks. In this way, a strengths-based approach to early intervention can be developed.

**Psychological First Aid**

Psychological first aid is a concept that emphasizes meeting basic needs (eg, food, shelter, security) in the midst of a disaster,<sup>41</sup> but also offers an opportunity for preventive interventions. Asking individuals what healthy eating and regular physical activity means to them is a respectful way to open the discussion about leading a healthy lifestyle without seeming condescending. In addition, asking patients what they do for stress reduction is recommended. Such questioning facilitates a dialogue regarding various physiological stress reduction mechanisms (eg, deep breathing, progressive muscle relaxation, and mindful meditation) that have been demonstrated to result in decreases in perceived stress reduction as well as cortisol levels.<sup>43,44</sup>

**Reactive Strategies**

When a family is in crisis, consider whether it is feasible for a family to incorporate any of the above preventive strategies. It can be difficult to establish new patterns of behavior during times of crisis.

Consequently, developing a clear understanding of family roles and rapport with family members usually becomes the top priority. Next, incorporating psychological first aid is often quite helpful. The eight core actions of psychological first aid are as follows<sup>45</sup>:

1. contact and engagement,
2. safety and comfort,
3. stabilization,
4. information gathering,
5. practical assistance,
6. connection with social supports,
7. information on coping, and
8. linkage with collaborative services.

In the midst of a crisis, it is critical to ensure that a family’s basic psychological needs are met and that social supports are put in place. This typically requires engagement with other healthcare providers to offer the family the interprofessional and interdisciplinary care they need. Within the Military Health System, most outpatient settings have embedded behavioral health professionals who can connect with

**TABLE 29-1**  
**ONLINE FAMILY READINESS RESOURCES**

Organization	Website	Synopsis
<b>Military Family Resources</b>		
After Deployment	<a href="https://www.afterdeployment.dcoe.mil">https://www.afterdeployment.dcoe.mil</a>	Health and wellness resources for the military community.
Blue Star Families	<a href="https://www.bluestarfam.org">https://www.bluestarfam.org</a>	Resources, programs, and special opportunities for military families.
Everyone Serves	<a href="https://www.everyoneservesbook.com/">https://www.everyoneservesbook.com/</a>	Handbook for family and friends of service members during Pre-Deployment, Deployment and Reintegration
Military Family Books	<a href="https://www.militaryfamilybooks.com">https://www.militaryfamilybooks.com</a>	Books about the military and deployment for all family members.
Military One Source	<a href="https://www.militaryonesource.mil">https://www.militaryonesource.mil</a>	Information on nearly every aspect of military life including deployment, reunion, relationships, grief, spouse employment & education, parenting and childhood services.
Military.com Military Deployment Center	<a href="https://www.military.com/deployment">https://www.military.com/deployment</a>	Service-specific deployment resources
National Military Family Association	<a href="http://www.militaryfamily.org">www.militaryfamily.org</a>	A wide range of robust and relevant resources for military families.
The American Military Partner Association	<a href="http://www.militarypartners.org">www.militarypartners.org</a>	Resources for partners, spouses, families, and allies of LGBT service members/veterans.

(Table 29-1 continues)

Table 29-1 *continued*

Military Spouse Resources		
Military Spouse Employment Authority	<a href="https://www.fedshirevets.gov">https://www.fedshirevets.gov</a>	Laws regarding military spouse employment benefits.
Military SOS	<a href="http://www.militarysos.com">www.militarysos.com</a>	Support and information resource for military spouses and significant others of all branches, around the world.
My Career Advancement Account	<a href="https://mycaa.militaryonesource.mil/mycaa/">https://mycaa.militaryonesource.mil/mycaa/</a>	A \$4,000 tuition assistance program provided by the DoD for spouses of service members E1-E5, O1-O2, and W1-W2.
Pat Tillman Foundation	<a href="http://www.patillmanfoundation.org">www.patillmanfoundation.org</a>	Foundation that invests in military veterans and spouses through educational scholarships.
Military Children's Resources		
Military Child Education Coalition	<a href="http://www.militarychild.org">www.militarychild.org</a>	Tools and resources to ensure quality educational opportunities for all military-connected children affected by mobility, family separation, and transition.
Military Kids Connect	<a href="http://www.militarykidsconnect.dcoe.mil">www.militarykidsconnect.dcoe.mil</a>	Online community for military children; includes age-appropriate resources to support children dealing with the unique psychological challenges of military life.
Mental Health Resources		
Military Crisis Line	<a href="https://www.veteranscrisisline.net">https://www.veteranscrisisline.net</a>	Confidential help for service members and their families.
National Child Traumatic Stress Network	<a href="http://www.nctsn.org">www.nctsn.org</a>	Resources for parents, teachers, caregivers, and professionals for helping children cope with a wide range of stressors.
National Suicide Prevention Lifeline	<a href="https://suicidepreventionlifeline.org/">https://suicidepreventionlifeline.org/</a>	Confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress.
The Soldiers Project	<a href="https://www.thesoldiersproject.org">https://www.thesoldiersproject.org</a>	Free, confidential psychological services to US military veterans and their loved ones who have served at any time after September 11, 2001.

family members. Additionally, outside resources are available for helping children and families to cope with trauma. A list of suggested resources is available in Table 29-1. For the military medical officer at a remote duty station where there are no on-site mental health professionals, the best option may be to establish a method in advance (such as video chat) to connect a family struggling with a crisis with the care they need.

In the midst of and immediately following a crisis, there is likely to be variation in the emotions felt and the speed with which those emotions are processed by different family members. Explaining that this variation is likely to occur and is normal can go a long way toward mitigating frustration and helping

families work together and offer mutual support. Encouraging family members to share emotions with each other (without forcing sharing) will usually build resilience. Before starting this process, be mindful that family members may have grown up in an environment in which they never gained comfort with or learned the language needed to express emotions. In this situation, discussing how to discuss emotions is a critical first step. Care should be taken not to unduly categorize reactions as pathologic during and after a crisis event. However, it is important to remain vigilant about early identification of a maladaptive stress response such as suicidal ideation or dissociation.

**FAMILY READINESS—THE ROLE OF THE MILI-**

## TARY MEDICAL OFFICER

As described above, supporting military family readiness is a team endeavor. This team includes the family, members of the active duty member's command, and members of the healthcare team, among others. Military medical officers can best help by (a) directly supporting military families, (b) coordinating the care delivered when needed, (c) staying up to date regarding evolving professional recommendations, and (d) educating the command about helpful resources for preventive and reactive strategies.

### Direct Support for Military Families

Direct support for military families includes much more than ensuring that the military member has been medically evaluated and is fit for duty. It also includes ensuring that the family's medical needs are addressed and that they understand their care plan. In some situations, the medical officer will be able to care for the family, but in others, they may need to be seen by another provider. Playing an active role in ensuring that family members get the care they need is important. Navigating the healthcare system can be challenging, especially for individuals with limited experience accessing healthcare. Checking in to ensure that the families receive excellent care reassures military members and their families that their well-being is important. This is likely to contribute to family readiness. One simple strategy is to schedule "walk around" time to check in with the members of the unit. During that time, asking specific questions about families' needs from the healthcare team is recommended. If concerns are mentioned, healthcare providers should investigate the concerns, act when possible, and reach back within 48 hours to provide information or plans of action.

### Coordinating Care

As noted above, healthcare providers may not be

able to provide all the care required by service members or members of their family. In these situations, the most important first step is to listen. Pay close attention to concerns and what has been done to seek help to date. Once it is determined that the healthcare needs exceed the provider's capability to provide direct care, a plan of action and timeline should be discussed so the service member and their family members know what to expect.

The next step will be to engage colleagues to coordinate the care military families need. Excellence in coordinating care depends on relationships—both with the patient and with members of the healthcare team who are in a position to help. To this end, developing relationships with key members of the healthcare team, in advance of crises, is essential. Members of the healthcare team who often play a key role in helping facilitate care include the following:

- social workers,
- primary care providers and nurses,
- mental health providers and nurses,
- chaplains, and
- referral managers.

### Educating Military Unit Leadership

Informing command leadership about the importance of family readiness, how it contributes to mission readiness at the individual and unit levels, and educating them about strategies known to be effective in preventing and managing crises are some of the most important military healthcare provider tasks. When possible, initiate these conversations early in the military assignment and at times when the command leadership has the time to listen. Providing specific personal examples in which preventive strategies to help enhance family resilience and readiness had an impact on command readiness can be a particularly poignant way to convey the point.

## FAMILY READINESS RESOURCES

Many resources are available to military families and the military healthcare providers who support them. Because family readiness is not a one-size-fits-all endeavor, it may take some effort to find the

most effective resources and techniques to enhance readiness for each family. See Table 29-1 for representative resources designed to strengthen military family readiness.

## SUMMARY

Family readiness in the context of a military community is influenced by each family's unique makeup and

situation, but there are many common stressors faced by military families that could affect their readiness.

Both preventive and reactive strategies help support the families' readiness, and in turn, their units. Just as not all strategies will work for every individual, neither will all approaches work for every command. Understanding a variety of strategies, being comfort-

able with identifying alternative strategies if one is not effective, and maintaining willingness to work collaboratively with patients to find (through shared decision-making) the best solution will improve and reinforce military family readiness.

#### REFERENCES

1. Abbott RK. The Changing Definition of "Family." *Compensation & Benefits Report*. 2002;16(6):3-4.
2. Clever M, Segal DR. The demographics of military children and families. *Future Child*. 2013;23(2):13-39.
3. Bowles SV, Pollock LD, Moore M, et al. Total force fitness: the military family fitness model. *Mil Med*. 2015;180(3):246-258.
4. U.S. Department of Defense. Military Family Readiness (DoD Instruction 1342.22). Washington, DC: U.S. Department of Defense. July 3, 2012. Updated April 11, 2017.
5. Luthar SS, Cicchetti D, Becker B. The construct of resilience: a critical evaluation and guidelines for future work. *Child Dev*. 2000;71(3):543-562.
6. Anthony EJ. Risk, vulnerability, and resilience: an overview. In: Anthony EJ, Cohler J, eds. *The Guilford Psychiatry Series. The Invulnerable Child*. New York, NY: Guilford Press; 1987: 3-48.
7. Patterson JM. Understanding family resilience. *J Clin Psychol*. 2002;58(3):233-246.
8. Holmes TH, Rahe RH. The social readjustment rating scale. *J Psychosom Res*. 1967;11(2):213-218.
9. Coddington RD. The significance of life events as etiologic factors in the diseases of children. *J Psychosom Res*. 1972;16:7-18.
10. Comptroller General of the United States. *Longer Time Between Moves Related to Higher Satisfaction and Retention*. Washington, DC: US General Accounting Office; 2001. Report to Congress. GAO-01-841 Military Personnel.
11. Asbury ET, Martin D. Military deployment and the spouse left behind. *Fam J*. 2012;20(1):45-50.
12. Drummet AR, Coleman M, Cable S. Military families under stress: implications for family life education. *Fam Relations*. 2003;52(3):279-287.
13. Ryan RM, Deci EL. Intrinsic and extrinsic motivations: classic definitions and new directions. *Contemp Educ Psychol*. 2000;25(1):54-67.
14. Deployment. Military One Source Web site. <http://www.militaryonesource.mil/deployment>. Accessed May 22, 2018.
15. Hix WM, Shukiar HJ, Hanley JM, et al. *Personnel Turbulence: The Policy Determinants of Permanent Change of Station Moves*. Santa Monica, CA: RAND Corporation; 1998.
16. US Department of Commerce, Economic and Statistics Administration. *Statistical Abstract of the United States: 2012*. 131st ed. Washington, DC: US Census Bureau; 2013.
17. Ruff SB, Keim MA. Revolving doors: the impact of multiple school transitions on military children. *Prof Couns*. 2014;4(2):103-113.
18. Anderson JR. ABCs of home schooling. Why more military families are skipping school in favor of this sweeping trend. *Military Times*. March 14, 2013.
19. Bowen GL. *Family Adaptation to Relocation: An Empirical Analysis of Family Stressors, Adaptive Resources, and Sense of Coherence*. Alexandria, VA: US Army Research Institute for the Behavioral and Social Sciences; 1989. ARI Technical Report 856.

20. Matthiesen JK, Tissington PA. The four-factor taxonomy of relocation outcomes. *Hum Resource Dev Rev.* 2008 7(2):142–164.
21. Amato PR, Booth A. Changes in gender role attitudes and perceived marital quality. *Am Sociol Rev.* 1995;60(1):58–66.
22. Center, Defense Manpower Data. *2015 Demographics: Profile of the Military Community.* Washington, DC: Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy; 2015.
23. Carr C, Orthner DK, Brown III RJ. Living and family patterns in the Air Force. *Air Univ Rev.* 1980;31(2):75–96.
24. Maury R, Stone B. *Military Spouse Employment Report.* Institute for Veterans and Military Families; 2014.
25. Cooke TJ, Speirs K. Migration and employment among the civilian spouses of military personnel. *Soc Sci Q.* 2005;86:343–355.
26. Harrell MC, Lim N, Castaneda LW, Golinelli D. *Working Around the Military: Challenges to Military Spouse Employment and Education.* Santa Monica, CA: RAND National Defense Research Institute; 2004.
27. Castaneda LW, Harrell MC, Varda DM, Hall KC, Beckett MK, Stern S. *Deployment Experiences of Guard and Reserve Families: Implications for Support and Retention.* Santa Monica, CA: RAND Corporation; 2008.
28. Pascarella ET, Terenzini PT. *How College Affects Students: Findings and Insights from Twenty Years of Research.* Vol 2. San Francisco, CA: Jossey-Bass; 2005.
29. Goldsmith AH, Veum JR, Darity W. Unemployment, joblessness, psychological well-being and self-esteem: theory and evidence. *J Socio Econ.* 1997;26(2):133-158.
30. Bunch SG, Eastman BJ, Moore RR. A profile of grandparents raising grandchildren as a result of parental military deployment. *J Hum Behav Soc Environ.* 2007;15(4):1–12.
31. Vuga J, Juvan J. Work–family conflict between two greedy institutions—the family and the military. *Curr Sociol.* 2013;61(7):1058–1077.
32. Kimmel J. Child care costs as a barrier to employment for single and married mothers. *Rev Econ Stat.* 1998;80(2):287–299.
33. Kelley ML, Doane AN, Pearson MR. Single Military mothers in the new millennium: stresses, supports, and effects of deployment. In: Wadsworth SM, ed. *Risk and Resilience in U.S. Military Families.* New York, NY: Springer-Verlag New York; 2011:343-363.
34. Kelley ML. Single military parents in the new millennium. In: Castro CA, Adler AB, Britt TW, eds. *Military Life: The Psychology of Serving in Peace and Combat.* Westport, CT: Praeger Security International; 2006: 93–103.
35. Barker LH, Berry KD. Developmental issues impacting military families with young children during single and multiple deployments. *Mil Med.* 2009;174(10):1033–1040.
36. Cederbaum JA, Gilreath TD, Benbenishty R, et al. Well-being and suicidal ideation of secondary school students from military families. *J Adolesc Health.* 2014;54(6):672–677.
37. Milburn NG, Lightfoot M. Adolescents in wartime US military families: a developmental perspective on challenges and resources. *Clin Child Fam Psychol Rev.* 2013;16(3):266–277.
38. Millegan J, McLay R, Engel C. The effect of geographic moves on mental healthcare utilization in children. *J Adolesc Health.* 2014;55(2):276–280.
39. Exceptional family member program. US Army Medical Department Web site. <http://efmp.amedd.army.mil>. Updated September 9, 2015. Accessed May 5, 2018.

40. Russo TJ, Fallon MA. Helping military families who have a child with disability cope with stress. *Early Child Educ J.* 2001;29(1):3–8.
41. Saperstein AK, Lilje T, Seibert D. A model for teaching reflective practice. *Mil Med.* 2015;180(4 Suppl):142–146.
42. Nguyen DR, Ee J, Berry-Caban CS, Hoedebecke K. The effects of military deployment on early child development. *US Army Med Dep J.* Oct-Dec 2014:81–86.
43. Hoge EA, Guidos BM, Mete M, et al. Effects of mindfulness meditation on occupational functioning and health care utilization in individuals with anxiety. *J Psychosom Res.* 2017;95:7–11.
44. Phillips KM, Antoni MH, Lechner SC, et al. Stress management intervention reduces serum cortisol and increases relaxation during treatment for nonmetastatic breast cancer. *Psychosom Med.* 2008;70(9):1044–1049.
45. Network NCTS. *Psychological First Aid Field Operations Guide, 2nd Edition.* Washington, DC: National Center for PTSD; 2006.

